

on the proper discrimination of physical appearances, the distinction between 'coloration' and lenticular degeneration, rather than on any subjective symptoms, although these may greatly assist. With undilated pupils it is difficult, if not often impossible, to recognize the difference. I have known surgeons of the first eminence in this metropolis err respecting it; hence the necessity, whenever doubt exists, for dilatation. Then, in the expanded pupil, the presence of striæ or opaque bundles of fibres, which so commonly exist in the early stage of cataract, at the circumference of the lens, can at once be detected. 'Coloration' is more central and browner, the light penetrates the lens, and the concentration of it is perceptible in the direction in which it falls. The opacity of cataract is more diffused and opaque, and reflects the light. In the first, vision is made worse by dilatation of the pupil, while in the other it is almost always improved, certainly always when the opacity is marked. Indeed, when the pupil is dilated, it is seldom that a correct conclusion cannot be arrived at. The exception is this: When the lenticular degeneration is yet slight, and has commenced in the centre, it may be impossible to detect it, that is, to be able to say with certainty that cataract is present, and the lapse of time only can decide. The late Mr. Dalrymple treated a gentleman for amaurosis. He had prescribed an arsenical preparation for some time without benefit. I was then consulted, and, after a long investigation, I decided that cataract was present, at least in one eye. This disease soon became palpable, and in time I operated on both eyes with the best success. There has never appeared the slightest amaurotic symptom. Can I afford a stronger proof that there may be uncertainty in the matter? When vision is much affected by loss of transparency in the lens, the opacity must be palpable; therefore, when this is not readily detected, any material loss of visual power must be attributed to some other cause, and this applies especially to defective vision in the very aged, in whom the 'coloration' is most marked, and when the eye, in obedience to the laws of mortality, which allows an exception, perhaps, only in the prostate gland, is apt to get shrunken, and also becomes, so to speak, vitally impaired. Several times, under these circumstances, I have prevented the performance of a needless operation, and proved that a feeble retina was the defective cause. I have not found the ophthalmoscope of any service in this matter."—*Med. Times and Gaz.*, June 28, 1850.

49. *Statistics of Myopia.*—M. Devor states that of 3,295,202 young men examined in France for military service, during 19 years, from 1831 to 1849, 13,007 were exempted for myopia.—*Gazette Méd. de Paris*, May 17, 1856.

50. *Tincture of Iodine as a Collyrium in Hypopyon.*—M. RIVAUD-LAUDRAN recommends (*L'Union Médicale*, April 6) the tincture of iodine, four or five drops to six drachms of water as a collyrium to produce absorption in hypopyon.

#### MIDWIFERY.

51. *Triplet Birth.*—Dr. GEO. MONTGOMERY detailed to the Dublin Obstetrical Society (April 4, 1856) the following history of a triplet birth, which recently occurred in the Dublin Lying-in Hospital. One of the children was born alive, after having undergone the process commonly called "spontaneous evolution." All did well.

"As cases of *triple births* are of extreme infrequency, occurring in this country only once in about 5,000 deliveries, I have thought that the history of a case which happened recently in our hospital would not be uninteresting; more particularly as it was attended by some unusual circumstances, which I think of considerable practical importance.

"The subject of these observations is Jane Toole, a delicate-looking woman,

of about twenty-eight years of age ; her husband is a shoemaker, and she resides at 48 Golden Lane, in this city.

"Jane Toole was admitted into the Rotundo Lying-in Hospital on Tuesday, the 1st of April, 1856, at 11 o'clock A. M., in labour, as she said, of her fifth child.

"She stated that, for several months past, her health had been 'wretchedly bad,' and her stomach so irritable that every species of food was rejected ; her attenuated frame, and great debility, sufficiently attested the truth of this statement. She complained, also, that her bowels were, in general, obstinately constipated ; and stated that she had enjoyed excellent health in all her previous pregnancies. She was not positive as to the exact date of the last catamenia, but says it was either towards the end of July, or the beginning of August, 1855.

"The abdomen appeared very large, and there was oedema of her feet and legs. Labour set in before 9 o'clock on the morning of her admission, when the os was found dilated to the size of half a crown, soft and flaccid, the head presenting, and the membranes unruptured ; but the pains were weak and inefficient. At about 3 o'clock in the day, the pains still continuing the same, another examination was made, and it was found that labour had not progressed. She appeared to be very weak, and was ordered some beef-tea. At 4 o'clock the pains were somewhat increased, and the os was then found rather more dilated. Strong pains now occurred, and before twenty minutes had elapsed the membranes were found protruding externally ; they were ruptured, and in a quarter of an hour more she gave birth to a healthy boy.

"The hand over the abdomen now detected that it was very little diminished in size, and an examination confirmed our suspicions that there was a second child in utero. In about five minutes the second membrane ruptured, and, the right hand and arm coming down, presented externally, the aspect of the palm being anterior.

"During the minute or two that elapsed whilst I sent down stairs for the Master, who was in the house at the time, the arm and side of the thorax rapidly descended under the frequent and strong contractions of the uterus ; so that, by the time that Dr. M'Clintock entered the ward, the *entire* arm was expelled beyond the vulva, and the right and rather posterior part of the thorax was actually pressing on the perineum.

"Turning was out of the question, and it was apparent to all that the child would soon be expelled by the unaided efforts of nature ; in fact, the breech was actually beginning to descend into the hollow of the sacrum, and we surmised that '*spontaneous evolution of the fetus*,' as described by the late Dr. Douglass, would take place, which really did happen, as will be presently seen.

"At this stage of the process we felt curious to know whether the child was still alive ; and on placing the end of the stethoscope between the labia, against the thorax of the child, a feeble cardiac pulsation was distinguishable.

"To expedite the delivery of the child, a finger was hooked in the flexure of the nearest thigh, when the next pain expelled the breech ; the extraction of the *left* arm and head was easily effected, and though the child seemed weakly when born, yet very little exertion was required to establish respiration in a satisfactory manner ; this child was also a boy.

"The uterus still remaining above the umbilicus, another internal examination was made, and a third child was detected presenting with the *breech* ; the membranes were at once ruptured, and she was soon delivered of a third boy, which was alive and strong.

"The woman was much exhausted after the completion of the labour, and the pulse extremely weak, beating but thirty strokes in the minute ; she was, consequently, allowed a few ounces of brandy, in addition to some wine which had been previously given immediately after the birth of the second child.

"The uterus contracted tolerably well, and in about ten or fifteen minutes the placentæ were expelled, accompanied with some hemorrhagic discharge.

"Two of the placentæ were united into one mass, and the other was perfectly distinct ; each fetus was inclosed in a separate bag of membranes.

"With a view to maintaining uterine contraction, so as to prevent the occurrence of any further hemorrhage, the effects of which were much to be dreaded

in her then exhausted state, half a drachm of the powdered ergot of rye was administered in some brandy; this, with the steady application of the hand over the uterus, had the desired effect.

"About three-quarters of an hour after delivery there was a return of weakness. She became restless, and vomited a large quantity of fluid; and, in addition to these symptoms, there was a state of slight general spasm, bordering on convulsions, with grinding of the teeth, but without any loss of consciousness. She was ordered a small quantity of burnt brandy, forty drops of the solution of the acetate of morphia, and half a drachm of Hoffmann's anodyne.

"The children were carefully weighed and measured, immediately after birth. The weight of the first born was 5 lbs. 6 oz., that of the second 4 lbs. 10 oz., and of the third 4 lbs. 14 oz., making an aggregate weight of 14 lbs. 14 oz. avoirdupois. The length of the first was 18½ inches, and that of the second and third 18 inches each; the mother and children are all going on well, at the moment I now speak.

"Perhaps the most interesting point of a practical nature connected with this case, is the mode of delivery of the second child, which, we shall presently show, corresponded in every particular with Dr. Douglas's description of 'spontaneous evolution of the fetus.'"

Dr. Montgomery then quoted Dr. Douglas's description of the mechanism of spontaneous evolution, and proved satisfactorily to the Society, that the mode of delivery of the second child, in the case just detailed to the Society, was precisely in accordance with Dr. Douglas's description. He concluded his paper as follows:—

"In all the examples of *spontaneous evolution* recorded by Dr. Douglas, the child was stillborn; and though very many observers, of large experience, have also published cases of the same mode of delivery, yet, after some research, I am not able to find more than two instances where the child was expelled alive, as above described; one recorded by Dr. Read in the *Medical Gazette*, and the other by Dr. Mitchell in *Hays's American Journal of the Medical Sciences*. Hence, then, we may fairly infer that the preservation of the child, under this mode of delivery, is a circumstance of extreme rarity.

"It is a curious coincidence that the first case seen by Dr. Douglas occurred in the same ward of our hospital (No. 3) as the one I have just read. Dr. Douglas says: 'The first time I had an opportunity of witnessing the process of the evolution of the fetus was in the Lying-in Hospital of this city, in the year 1810, at which time I was resident of that establishment; the case occurred in ward No. 3.'"<sup>1</sup>—*Dublin Quarterly Journal of Medical Science*, August, 1856.

52. *Labour with Ruptured Uterus.*—Dr. W. H. SANDHAM communicated the following example of this to the County and City of Cork Medical and Surgical Society, May 14, 1856:—

"Mrs. C., aged 40, twice married, stout and healthy, had three children at the full time, stillborn, with each of which she had bad confinements, and was told by her last attendant, the late Dr. Kehoe, that, should she have another, she could not survive it. She took her labour on Sunday evening, April 20, and on Monday, according to the midwife's account, the membranes were ruptured. At 3 o'clock A. M. on the following Wednesday, I was sent for. I found her strong, and her circulation good, but in evident dread of the result, as she almost immediately begged of me, as she knew she could not be delivered in the natural way, to open the side and remove the child. What put this in her

<sup>1</sup> Dr. Montgomery has since informed the secretary that the woman and children, the subjects of this case, did well, and were all discharged in a healthy state. The mother's health improved considerably during her sojourn in the hospital, which was prolonged much beyond the usual term, on account of her previous delicacy. The secretary has also been directed to state that the children were christened by the following names, in the order of their seniority: Francis Alma, Edward Inkerman, and James Sebastopol. It may be gratifying to know that a list was immediately formed, and a sum of money collected for the benefit of the poor woman, and that at the head of the subscribers are our most gracious Queen and her much respected Viceroy.